

SECRET

Approved For Release 2006/11/13 : CIA-RDP75-00399R000100110085-2

REPORTS INVENTORY						DDS/OF-151									
PREPARE IN DUPLICATE															
1. TITLE OF REPORT (if a fill-in report include Form No.) Administrative Plan						2. TYPE OF REPORT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;"><input type="checkbox"/> STATISTICAL</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> NARRATIVE</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> MACHINE-NAME LISTING</td> </tr> </table>		<input type="checkbox"/> STATISTICAL	<input checked="" type="checkbox"/> NARRATIVE	<input type="checkbox"/> MACHINE-NAME LISTING					
<input type="checkbox"/> STATISTICAL															
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3. FUNCTIONAL AREA		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;"><input checked="" type="checkbox"/> PERSONNEL</td> <td style="width:50%; text-align: center;"><input type="checkbox"/> TRAINING</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> LOGISTICS</td> <td style="text-align: center;"><input checked="" type="checkbox"/> SECURITY</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> MEDICAL</td> <td style="text-align: center;"><input checked="" type="checkbox"/> FINANCE</td> </tr> </table>		<input checked="" type="checkbox"/> PERSONNEL	<input type="checkbox"/> TRAINING	<input checked="" type="checkbox"/> LOGISTICS	<input checked="" type="checkbox"/> SECURITY	<input type="checkbox"/> MEDICAL	<input checked="" type="checkbox"/> FINANCE	ADMIN. GENERAL OTHER (specify)					
<input checked="" type="checkbox"/> PERSONNEL	<input type="checkbox"/> TRAINING														
<input checked="" type="checkbox"/> LOGISTICS	<input checked="" type="checkbox"/> SECURITY														
<input type="checkbox"/> MEDICAL	<input checked="" type="checkbox"/> FINANCE														
4. NO. OF COPIES PREPARED 10 - 14		5. FREQUENCY (weekly, monthly, quarterly, etc.) 1 Sept 69 - 31 Aug 70-31 rec'd when required			6. DISTRIBUTION (No. of components not number of copies) 6 - 8										
7. FORMAT (memorandum, form, computer print-out, etc.) Memorandum		8. ADP PROCESSING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;"><input type="checkbox"/> YES</td> <td style="width:50%;">IF YES GIVE ADP PROCESSING NO.</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> NO</td> <td></td> </tr> </table>			<input type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO.	<input checked="" type="checkbox"/> NO		9. DIRECTIVE AUTHORITY REQUIRING REPORT Plans, Programs, 25X1 and Projects						
<input type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO.														
<input checked="" type="checkbox"/> NO															
10. PREPARING COMPONENT (include lowest level contributing information to report) Operating Division or Branch				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)											
12. COST FACTORS															
A. MANUAL PREPARATION AND REVIEW COSTS															
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR								
			36.25 avg.		\$341.53 avg.		31 \$10,587.68								
B. COSTS OF COMPUTER PRODUCED REPORTS															
TOTAL COSTS PER YEAR						\$ 10,587.68									
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. <p>Since there is little similarity in the size and objective of the projects, such plans are needed to modify or waive provisions of Agency Regulations. Date of first report-- 1969, Requested by Agency Comptroller.</p>															
14. FUTURE GOALS															
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS									
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<input type="checkbox"/> RETAIN AS IS	<input type="checkbox"/> OTHER (explain)														
<input checked="" type="checkbox"/> CHANGE To comply with	Support Supplements for														
<input type="checkbox"/> DISCONTINUE	Agency Instrumentalities														
						281		\$2,647.02							
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION						18. EXTENSION							
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